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TO:

Name: Mail Stop AMENDMENT
Art Unit 3772/Examiner Michael A. Brown

Firm: U.S. Patent & Trademark Office

Fax No.: 571-273-8300

Subject: U.S. Patent Application No. 10/047,545

Gary Karlin Michelson

Filed: January 16, 2002

THREADED FRUSTO-CONICAL INTERBODY

SPINAL FUSION IMPLANTS

Attorney Docket No. 101.0053-01000

Customer No. 22882

Confirmation No.: 4993

FROM:

Name: Thomas H. Martin

Phone No.: 330-877-2277

No. of Pages (including this): 13

Date: November 6, 2008

Confirmation Copy to Follow: NO

Message:**CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that the attached Transmittal Form (in duplicate; total amount of \$140.00 to cover the Terminal Disclaimer fee is to be charged to Deposit Account No. 50-3726), Amendment, and Terminal Disclaimer are being facsimile transmitted to the U.S. Patent and Trademark Office on November 6, 2008.



Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 101.0053-01000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary Karlin Michelson

Serial No: 10/047,545

Filed: January 16, 2002

For: THREADED FRUSTO-CONICAL
INTERBODY SPINAL FUSION IMPLANTS

Confirmation No.: 4993

Art Unit: 3772

Examiner: Michael A. Brown

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in reply to the Office Action dated August 6, 2008 in the above-identified application.

- ☐ No additional fee is required.
- ☐ Applicant hereby requests a ***-month extension of time to respond to the above office action.
- ☒ A Terminal Disclaimer is enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	40	-	77 **	0	LG=\$52 SM=\$26	\$ 0
INDEPENDENT CLAIMS FEE	4	-	5 ***	0	LG=\$220 SM=\$110	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$390 SMALL ENTITY FEE = \$185	\$ 0
TOTAL						\$ 0

* if the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** if the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ The total amount of \$140.00 to cover the Terminal Disclaimer fee is to be charged to Deposit Account No. 50-3726.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: November 6, 2008

By: 
Thomas H. Martin
Registration No. 34,3831557 Lake O'Pines Street, NE
Hartville, Ohio 44632
Telephone: (330) 877-0700
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Transmittal of Amendment.DOC

FORM PTO-1083

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary Karlin Michelson

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TOTAL						\$ 0

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Respectfully submitted,

MARTIN & FERRARO, LLP

Date: November 6, 2008

By: 

Thomas H. Martin

Registration No. 34,383

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